

## Residential Property Approval and Authorization Form (RPAA) Instructions

**INTRODUCTION:** The Division of Developmental Disabilities Services (DDDS) requires contracted residential habilitation providers to obtain preauthorization from the appropriate DDDS representative before executing or renewing any lease or mortgage agreement.

Providers are responsible for submitting to the Office of Budget, Contract, & Business Services (OBCBS) a complete and accurate Residential Property Approval and Authorization Form (RPAA) for each residential property associated with a lease or mortgage agreement. Providers are strongly encouraged to submit typed RPAA forms; the RPAA template contains drop-down boxes and fillable spaces to facilitate this process. Additionally, please make sure that all RPAA forms are scanned properly before submitting to OBCBS.

This document serves as resource for providers and contains section-specific guidelines for accurately completing the RPAA.

Please note that within the RPAA, cells shaded in **PINK** indicate that the provider will select a response using an embedded drop-down menu. Cells shaded in **TAN** indicate that the provider will type a response directly into the fillable cell.

- **LINE 1:** Type the name of the Provider Agency
- **LINE 2:** Indicate whether the property represents a Community Living Arrangement or a Neighborhood Group Home by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box.

For reference, a **Neighborhood Group Home (NGH)** is a provider managed residential setting that requires licensure by the Division of Long Term Care Residents Protection. This setting is distinct from a Community Living Arrangement and Family Rest Home (known as shared living). Typically two to four individuals reside in NHs, however, DDDS exceptions may be granted due to extenuating circumstances.

A **Community Living Arrangement (CLA)** is a provider managed residential setting that does not require licensure by the Division of Long Term Care Residents Protection which may include apartments, condominiums, and townhomes. A CLA does not meet the category of neighborhood home, shared living, or assisted living.

- **LINE 3:** Type street address, city, state, zip code, and county information. For county, please indicate one of the following four options: Kent, Sussex, New Castle East or New Castle West. Please refer to the chart below for regional split information for New Castle County.

**Regional Split: New Castle County**

New Castle East		New Castle West	
19701	Bear	19702	Newark
19701	Claymont	19707	Hockessin
19706	Delaware City	19711	Newark
19708	Kirkwood	19712	Newark
19710	Montchanin	19713	Newark

19720	New Castle	19714	Newark
19721	New Castle	19715	Newark
19730	Odessa	19716	Newark
19731	Port Penn	19717	Newark
19732	Rockland	19725	Newark
19733	Saint Georges	19726	Newark
19734	Townsend	19735	Winterthur
19801	Wilmington	19736	Yorklyn
19802	Wilmington	19807	Wilmington
19803	Wilmington	19808	Wilmington
19806	Wilmington	19880	Wilmington
19804	Wilmington		
19805	Wilmington		
19809	Wilmington		

**LINE 4A:** Indicate whether the property is ADA-accessible by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box. For clarification on ADA accessibility consult [https://www.ada.gov/2010ADASTandards\\_index.htm](https://www.ada.gov/2010ADASTandards_index.htm).

Please note that if “Yes” is selected, the provider must complete the Universal Design Scoresheet (UDS) and submit it along with the completed RPAA. The UDS form can be found on the DDDS website: <http://www.dhss.delaware.gov/dhss/ddds/providercontract.html>

- **LINE 4B:** Indicate the number of licensed / certified beds within the residence by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box.
- **LINE 4C:** Indicate the number of bedrooms intended to be used for sleeping quarters by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box.
- **LINE 5A:** In the spaces provided, type the first name, last name and date of birth (DOB) for each individual within the residence who receives DDDS services. If sleeping quarters have not yet been assigned at the time of RPAA form completion, type “Vacant” under “First Name”. Under “Last Name”, type the target date that the vacancy is expected to be filled.
- **LINE 5B:** Indicate whether any individual living in the residence has special programmatic needs by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box.

Please note that if “Yes” is selected, the provider must complete the Programmatic Features Assessment (PFA) Form and submit it along with the completed RPAA. The PFA form can be found on the DDDS website: <http://www.dhss.delaware.gov/dhss/ddds/providercontract.html>

- **LINE 6:** Indicate why the form is being submitted by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box.
- **LINE 6A:** Indicate the utilities and services provided by the Lessor and **included** within the lease / finance amount by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate boxes.

- **LINE 6B:** Indicate the utilities and services provided by the Lessor and **NOT included** within the lease / finance amount by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate boxes.
- **LINE 6C:** Type the estimated **MONTHLY** amount for all utilities **NOT included** within the lease / finance amount.

Example: Line 6B has electric, trash and water checked.

Estimated monthly electric is \$195.

Estimated monthly trash is \$50

Estimated monthly Water is \$135

Monthly Amount = \$195 + \$50 + \$135 = \$380

- **LINE 7:** Indicate if the property is owned or leased by using the drop-down menu to select the letter “P”. This will place a check mark in the appropriate box.

If the property is **owned**, proceed to Question 7A.

If the property is **leased**, proceed to Question 7B.

*(Note that the provider is only responsible for completing Section 7A **or** Section 7B).*

Please note that if the property is **owned**, the provider must submit the following supporting documentation along with the completed RPAA:

1. Copy of the mortgage statement/finance document (if property not paid in full)
2. Property Insurance Certificate
3. Property and/or School Tax Statements (If not waived due to nonprofit status)

- **LINE 7Ai:** Type the Lessor’s name.
- **LINE 7Aii:** Type the Lessor’s address.
- **LINE 7Aiii:** Type the Lessor’s phone number & primary contact at Lessor’s office.
- **LINE 7Aiv:** Type the effective date and ending date of lease term.
- **LINE 7Av:** Type the monthly lease amount. If renewing a lease, provide the previous monthly amount in the space provided.
- **LINE 7Avi:** Type the amount of monthly renter’s insurance.
- **LINE 7Bi:** Type the monthly mortgage/finance. This figure may include mortgage principal and interest. If the property is owned (i.e., not financed), please type \$0.00.
- **LINE 7Bii:** Type the effective date and ending date of the finance period.
- **LINE 7Biii:** Type the name of the Lender.
- **LINE 7Biv:** Type the interest rate extended for financing.
- **LINE 7Bv:** Type the monthly property taxes. If none, please type \$0.00.

- **LINE 7Bvi:** Type the monthly school taxes. If none, please type \$0.00.
- **LINE 7Bvii:** Type the monthly home owner's insurance.
- **LINE 7Bvii:** Indicate if the property lender requires reserves for repairs / maintenance by using the drop-down menu to select the letter "P". This will place a check mark in the appropriate box. If "Yes" is selected, please type the amount of monthly reserves required by the property lender.
- **LINE 8:** Indicate if the property is financed by the Department of Housing and Urban Development (HUD) by using the drop-down menu to select the letter "P". This will place a check mark in the appropriate box.
- **LINE 9:** Type the fair market value (FMR) of the property according to the most-recent guidelines published by the Department of Housing and Urban Development (HUD). FMR guidelines are found on the HUD website: <https://www.huduser.gov/portal/datasets/fmr.html>
- **LINE 10:** Indicate if the lease amount from Line 7A or the mortgage amount from Line 7B is equal to or less than the HUD FMR amount from Line 10. Use the drop-down menu to select the letter "P", which will place a check mark in the appropriate box.
- **PROVIDER ATTESTATION STATEMENT:** This is the final section of the RPAA to be completed by the provider. This section must be signed and dated by an authorized agency representative empowered to enter into a lease or financing agreement for a leased or owned property.
- **FOR OBCBS SECTION:** (Members of the OBCBS Contracts Unit will complete this section). When appropriate signatures are obtained, the document will be scanned and emailed to the Provider for their files.